

Healthy Homes Referral Form



Referral Details			
Home Address	Number and Street/Road		
	Suburb		
Property Type	Own Home <input type="checkbox"/>	Private Rental <input type="checkbox"/>	Social Housing <input type="checkbox"/>
Date of Assessment		Dogs on Property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Referring Agency			

Whānau Details			
Parent / Caregiver Name		Ethnicity	
Contact Number	Cell Phone	Home Phone	
Email Address			
Community Services Card No.		Expiry	
No. Adults in home		No. Children in Home	
No. Adults in home w/ health conditions		No. Children w/ health conditions	
Health conditions	Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Strep Throat <input type="checkbox"/> Bronchitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other		

Landlord / Property Manager Details (Private Rentals only)			
Contact Name		Contact No.	
Email Address			

Information	
I would like help with the following:	
I would like help talking with my landlord about meeting Healthy Homes Standards	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like to receive information on how I can reduce and manage my energy (power) bills	Yes <input type="checkbox"/> No <input type="checkbox"/>

Statement			
I agree to Habitat storing my details for reporting purposes. I agree to Habitat for Humanity contacting my landlord/property manager as listed above if needed (Habitat will talk to you before contacting the landlord). I am aware that Habitat may take photos of identified areas to use as part of the final assessment report.			
Signed Tenancy Holder/Homeowner	Name	Date	

Office Use Only:

Referral Source			Job No.		
Item	Max to Give	No. Given	Item	Max to Give	No. Given
Heater	1 per home		Hygrometer	1 per home	
Baby Blanket (under 1 years)	1 per home		Door Snake	1 per home	
Single Blanket (1 - 10 years)	2 per home		Hot Water Bottle	1 per child	
Queen Blanket (11 years +)	2 per home		Scoopy	1 per home	
Shower Head	1 per home		Shower Timer	1 per home	
Hot Water Cylinder Wrap	1 per home		Pipe Lagging	1 per home	
LED Light bulbs	4 – 6 per home		V Seal	2 per home	
Brush Strip	1 per home		Mould cleaning kit	1 per home	

Referring Agency		Job No.	
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Bedroom One	Width (cm)	Drop (cm)	Total Curtains	Multifix Rail Req'd	Extendable Rail Req'd
Window 1					
Window 2					
Bedroom Two	Width (cm)	Drop (cm)	Total Curtains	Multifix Rail Req'd	Extendable Rail Req'd
Window 1					
Window 2					
Bedroom Three	Width (cm)	Drop (cm)	Total Curtains	Multifix Rail Req'd	Extendable Rail Req'd
Window 1					
Window 2					
Bedroom Four	Width (cm)	Drop (cm)	Total Curtains	Multifix Rail Req'd	Extendable Rail Req'd
Window 1					
Window 2					
Window 3					
Lounge	Width (cm)	Drop (cm)	Total Curtains	Multifix Rail Req'd	Extendable Rail Req'd
Window 1					
Window 2					
Window 3					
Window 4					
Dining Room	Width (cm)	Drop (cm)	Total Curtains	Multifix Rail Req'd	Extendable Rail Req'd
Window 1					
Window 2					
Window 3					
Window 4					

Layout:	Completed Details:	
	Total Readymades	
	Total Custom Made	
	Total Preloved	
	Total Curtains	
	Date Completed	